

FAIRFIELD HOUSING AUTHORITY**Zero Income ~ Monthly Statement of Income & Expenses**

Section 8 Housing Choice Voucher family obligations require families to report all income, including regular contributions and gifts. Failure to do so can result in termination of assistance.

Please provide the below requested information regarding family monthly expenses. If something does not apply, please put N/A for not applicable.

EXPENSES	AMOUNT	EXPENSES	AMOUNT
Rent	\$ _____	Car Payment	\$ _____
Food	\$ _____	Car Insurance	\$ _____
Clothing	\$ _____	Travel Expense/Gas	\$ _____
PG & E/Utilities	\$ _____	Phone/cell phone	\$ _____
Water	\$ _____	Cigarettes	\$ _____
Garbage	\$ _____	Cable TV	\$ _____
Grooming Products	\$ _____	Internet	\$ _____
Household Products	\$ _____	Medical Expenses	\$ _____

TOTAL EXPENSES \$ _____

Please explain how these expenses are met (i.e., utility bill paid by someone not in the assisted family, using money in savings account, doing odd jobs, etc.):

I hereby certify to the best of my knowledge that all statements provided above are true. I also understand that providing false or misleading information may result in denial or termination of rental assistance benefits.

Head of Household Name (print) _____ Phone Number _____

Signature of Head of Household _____ Date _____